

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1	1				
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		①				
11		3				
12		3				
13		3				
14		3				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28		3				
29		3				
30		3				
31		3				
32		3				
33		3				
34		3				
35		3				
36		3				
37		1				
38		1				
39		1				
40	1	1				
41	1					
42	1					
43		3				
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	79					
TOTAL CLAIMS	84					

	IND		DEP		IND	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL DEP.						
TOTAL CLAIMS						